# Town of Ticonderoga, New York

# **Request for Qualifications:**

# Formation of Ambulance Special District for the Town of Ticonderoga Pursuant to New York State Town Law

DATE ISSUED: May 16, 2024

Town of Ticonderoga 132 Montcalm Street Ticonderoga, New York 12885 518-585-6265 www.townofticonderoga.org

# **REQUEST FOR QUALIFICATIONS**

NOTICE IS HEREBY GIVEN, that the Town of Ticonderoga will accept qualifications from interested entities **until June 7, 2024 by 2:00 pm** for the preparation of a map, plan and report for the formation of an ambulance district pursuant to the Town Law of the State of New York. Responses shall be submitted to the Town Supervisor, Mark Wright, at <u>supervisor@townofficonderoga.org</u>, or delivered to the Town of Ticonderoga Town Clerk at 132 Montcalm Street, Ticonderoga, New York, on or before the above date and time.

PLEASE TAKE FURTHER NOTICE that the Town affirmatively states that in regard to any contract entered into pursuant to this notice, without regard to race, color, sex, religion, age, national origin, disability, sexual preference or veteran status, disadvantaged and minority or women-owned business enterprises will be afforded equal opportunity to submit bids in response hereto.

Minority and Women-Owned Business Enterprises (M/WBE) businesses and Section 3 businesses are strongly encouraged to participate in this project. The Town is an equal opportunity employer.

In addition to the proposal, Respondents shall submit executed non-collusion certificates signed by the proposer or one of its officers as required by the General Municipal Law Sec. 103d. The Respondents shall also submit an executed certificate of compliance with the Iran Divestment Act signed by the proposer or one of its officers as required by the General Municipal Law Sec. 103g.

The Town reserves the right to except any and all proposal(s), reject any and all proposals not considered to be in the best interest of the Town, and to waive any technical or formal defect in the proposals which is considered by the Town to be merely irregular, immaterial, or unsubstantial.

Please contact the Town Supervisor's office at 518-585-6265 or <u>supervisor@townofticonderoga.org</u> for additional information concerning this solicitation.

All proposals submitted in response to this notice shall be marked "TICONDEROGA AMBULANCE DISTRICT RFQ" clearly on email traffic and/or the outside of the envelope containing your electronic/digital response files.

Published: May 16, 2024

## **INTRODUCTION**

#### A. Overview

This Request for Qualifications ("RFQ") is being issued by the **TOWN OF TICONDEROGA** ("the Town") for consultation and preparation services for a map, plan and report for an ambulance district pursuant to the Town Law of the State of New York.

Companies with demonstrated experience in the formation of ambulance districts pursuant to the Town Law of the State of New York and are interested in making their services available to the Town are invited to respond to this Solicitation. "Respondents" means the companies or individuals that submit proposals in response to this Solicitation. It is understood that the selected Respondent acting as an individual, partnership, corporation or other legal entity, is licensed to provide such services in New York State. The Respondent shall be financially solvent and each of its members if a joint venture, its employees, agents or sub-consultants of any tier shall be competent to perform the services required under this document.

The Town is seeking to encourage participation by respondents who are DBE/MBE/WBE, Section 3 and/or Veterans' business enterprises.

Nothing in this Solicitation shall be construed to create any legal obligation on the part of the Town or any Respondents. The Town reserves the right, in its sole discretion, to amend, suspend, terminate, or reissue this Solicitation in whole or in part, at any stage. In no event shall the Town be liable to Respondents for any cost or damages incurred in connection with the Solicitation process, including but not limited to, any and all costs of preparing a response to this Solicitation or any other costs incurred in reliance on this Solicitation. No Respondents shall be entitled to repayment from the Town for any costs, expenses or fees related to this Solicitation. All supporting documentation submitted in response to this Solicitation will become the property of the Town. Respondents may also withdraw their interest in the Solicitation, in writing, at any point in time as more information becomes known.

#### **B.** Time of Response

Respondents will have approximately three (3) weeks to provide a response to this Solicitation. The Town will review the proposals and respond within the following general time periods, which are not binding on the Town and may be adjusted as the Town deems fit:

1.	Solicitation Posted:	May 16, 2024
2.	Statements Due:	June 7, 2024 by 2:00 pm. to the
		Town Clerk's Office, 132 Montcalm
		Street, Ticonderoga, New York
		12885 or via email to the Town
		Supervisor at
		<u>supervisor@townofticonderoga.org</u>
3.	Town Board Proposal Review:	June 7-June 13, 2024
4.	Selection made:	On or about June 13, 2024 (this
		date is expected but not
		guaranteed)

# C. Contract Negotiations

After review, and if interviews are requested by the Town Board, the Town Board will approve the successful Proposal via Board Resolution and then provide a Notice of Award

to the Respondent.

#### **D.** Term of Contract

Any contract awarded pursuant to this Solicitation shall be for a contract period of approximately 3 months and will expire upon completion of the projects' administrative close out. It is expected that a referendum would be scheduled during the late Summer or Fall should an ambulance special district be deemed feasible and beneficial by the Town Board pursuant to the Town Law of the State of New York.

# **PROFESSIONAL SERVICE REQUIREMENTS**

#### A. Scope of Work & Deliverables

The Town of Ticonderoga has incurred difficulty providing emergency medical services, commonly known as EMS services, to the taxpayers of the Town and is seeking the feasibility of forming a special district pursuant to Articles 12 and 12-a of the Town Law of the State of New York for ambulance services.

#### **Scope for Consulting Services:**

- Review the assessment roll and map provided by the Town for inclusion in a proposed map, plan and report.
- Research costs of existing EMS services in the Ticonderoga area and the region in general and provide a sound budgetary basis for inclusion in a draft map, plan and report for the formation of a special district pursuant to Articles 12 and 12-a of the Town Law of the State of New York.
- Provide a draft, and after review, final map, plan and report for the formation of a special district pursuant to Articles 12 and 12-a of the Town Law of the State of New York.

#### Tasks will generally be identified as:

- General Requirements The consultant shall participate in public meetings and at least one (1) public hearing before the Town Board for the consideration of a map, plan and report pursuant to the Town Law of the State of New York.
- Map, Plan and Report The consultant shall provide a draft, and after review by the Town Board, a final map, plan and report pursuant to Articles 12 and 12-a of the Town Law of the State of New York, as applicable. This map, plan and report shall be the deliverable as part of the project.

The consultant shall be responsible for coordinating all aspects of this project and addressing any questions or concerns of the Town Board concerning the consultants work.

#### **B.** Quality of Work

All work shall follow recognized professional practices and standards.

# SUBMITTAL REQUIRMENTS

#### A. Preliminary Requirements

- 1. <u>\*Certificate of Authority (Corporation) or Certificate of Existence</u> (ex: Professional Limited Liability Company or "PLLC") issued by the NY Secretary of State
- 2. <u>\*Evidence of Insurance</u>: Commercial General Liability with limits not less than \$2,000,000; Workers Compensation and Employers Liability with limits not less than \$500,000; and, Automobile Liability with limits not less than \$1,000,000 per occurrence.
- 3. <u>\*References:</u> At least three (3) references of *related projects*, including date of project, contact person and phone number, and a brief description of the project.
- 4. <u>\*Conflict of Interest Statement & Supporting Documentation:</u> Respondent shall disclose any professional or personal financial interests that may be a conflict of interest in representing the Town. In addition, all Respondents shall further disclose arrangement to derive additional compensation from various investment and reinvestment products, including financial contracts.
- 5. <u>\*Non-Collusion Biding Affidavit</u>: Provide completed, signed & notarized form back with Response

\*RESPONSE WILL BE CONSIDERED INCOMPLETE AND NOT REVIEWED IF THESE ITEMS ARE NOT PROVIDED IN COMPLETION

#### **B.** Letter of Interest

Submit a Cover Letter of Interest signed by a duly authorized officer or representative of the Respondent, not to exceed two pages in length. The Letter of Interest must also include the following information:

- The principal place of business and the contact person, title, telephone/fax numbers and email address.
- A brief summary of the qualifications of the Respondent and team.
- Description of organization (i.e. Professional Corporation, or Professional Limited Liability Company).
- The names and business addresses of all Principals of the Respondent. For purposes of this Solicitation "Principals" shall mean persons possessing an ownership interest in the Respondent.
- If the Respondent is a partially owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization's approval rights, if any, over the activities of the Respondent.

#### C. Main Proposal

The purpose of the proposal is to demonstrate the qualifications, competence and capacity of the Respondents in conformity with the requirements of this Solicitation. As such, the substance of proposals will carry more weight than their form or manner of presentation. The proposal should demonstrate the qualifications of the firm and of the particular staff to be assigned to this project. It should also specify an approach that will meet the request for proposals requirements.

The proposal should be prepared simply and economically, providing a straightforward, concise description of the proposer's capabilities to satisfy the requirements of the request for qualifications to complete the project. While additional data may be presented, the following items must be included; this represents the criteria against which the proposal will be evaluated.

1. **Qualifications Proposal:** Provide a synopsis of the years of experience and detailed qualifications in performing the services requested, including team's resumes. Respondents should provide narrative examples of three (3) projects in detail that are similar in nature to projects described in the Solicitation (see "References").

#### 2. Technical Proposal:

- a. **Project Execution Plan:** Discuss approach to the project in terms of understanding of the established scope and deliverables execution, with regard to any constraints identified in this Solicitation, to include funding requirements. Provide a plan for engaging the Town's representatives. Provide the number of full-time and part-time employees, partnerships or subconsultants proposed and their value to the project.
- b. Schedule: Capacity to complete the scope of work within the defined period of performance: <u>June 2024 August 2024</u>. The successful Respondent will have a detailed project schedule & work plan to illustrate the ability complete the work with respect to constraints, either stated or assumed. The Schedule Proposal must include a Gantt chart to illustrate your proposed schedule.

Questions regarding this Solicitation should be submitted in writing via email to:

Town Supervisor Mark Wright at <u>supervisor@townofficonderoga.org</u> between the hours of 0900 – 1500 <u>only</u>. Any responses to questions or Solicitation clarifications will in turn be made available to all Respondents via published Addenda.

# SUBMITTAL DUE DATE

# Responses are due by 2:00pm on June 7, 2024 AT OFFICE OF THE TOWN CLERK, TOWN OF TICONDEROGA, 132 MONTCALM STREET, TICONDEROGA, NEW YORK 12883 or via email to <u>supervisor@townofticonderoga.org</u>.

Solicitation responses are preferred to be submitted via electronic PDF sent to the following email address: <u>supervisor@townofticonderoga.org</u>. Large responses exceeding email attachment size shall be delivered in hard copy on or before the above date and time. The Town shall not be responsible for emails captured by

spam or rejected due to size. It is the responsibility of all respondents to ensure that their emails have been received by the Town Supervisor on or before June 7, 2024 at 2:00pm.

The Town expects to select a consultant on/about June 13, 2024 (this date is expected but not guaranteed).

## SOLICITATION SUBMITTAL REQUIREMENTS CHECKLIST FORMS FROM SOLICITATION PACKAGE TO RETURN:

- **Gamma** Submittal Requirements Checklist (*Provide Checklist with Response*)
- □ \*Appendix A: References (Minimum 3 related projects)
- Appendix B: Conflict of Interest Statement & Supporting Documentation
- □ \*Appendix C: Certification of Authority
  - Aka, Certificate of Good Standing (Corporation) or Certificate of Existence (Limited Liability Company) issued by the Secretary of State (If Respondent is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
- □ \*Appendix D: W-9 Form
- □ \*Appendix E: Non-Collusive Bidding Certification
- □ \*Appendix F: NYS Sexual Harassment Policy & Training Certification

#### FOR THE RESPONDENT TO PROVIDE:

- □ Letter of Interest
- **Qualifications Proposal:** 
  - Description of Company
  - Capacity of Company
  - State License and or Certification
- □ Technical Proposal:
  - Project Management Plan (Describe your approach in detail)
  - Schedule Proposal (*Provide in a Gantt Chart format*)
- \*Evidence of Insurance

\*These documents must be submitted and complete before the Town will review the remainder of the proposal:

# APPENDIX A: REFERENCES

## CERTIFICATION OF EXPERIENCE

I,	HEREBY CERTIFY THAT
(COMPA	NY) HAS PERFORMED THE FOLLOWING WORK WITHING THE LAST THREE
YEARS L	JNLESS SPECIFIED DIFFERENTLY IN THE SPECIFICATION:

NAMES OF BUSINESS:				
CONTACT NAME:				
ADDRESS:				
TELEPHONE NO.:				
TYPE OF WORK:				
EMAIL ADDRESS:				
NAMES OF BUSINESS:				
CONTACT NAME:				
ADDRESS:				
TELEPHONE NO.:				
TYPE OF WORK:				
EMAIL ADDRESS:				
NAMES OF BUSINESS:				
CONTACT NAME:				
ADDRESS:				
TELEPHONE NO.:				
TYPE OF WORK:				
EMAIL ADDRESS:				

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# **APPENDIX B: CONFLICT OF INTEREST STATEMENT**

# **CONFLICT OF INTEREST STATEMENT**

("Respondent")

## **Conflict of Interest Statement**

The owner(s), corporate members or employees of [Respondent], shall derive any personal profit or gain, directly or indirectly, by reason of his or her participation with the [the Town of Lewis]. Each individual shall disclose to the [the Town of Lewis] any personal interest or direct relationship which he or she may have and shall refrain from participation in any decision making in related manners.

Any owner, corporate member or employee of [Respondent] who is an officer, board member, a committee member or staff member of a related organization shall identify his or her affiliation with such agency or agencies; further, in connection with any policy committee or board action specifically associated with [the Town of Lewis], he/she shall not participate in the decision affecting that entity and the decision must be made and/or ratified by the full board. At this time, I am a Board member, a committee member, or an employee of the following organizations/companies:

Now this is to certify that I, except as described below, am not now nor at any time during the past year have been: 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party; doing business with the [the Town of Lewis] which has resulted or could result in person benefit to me.

2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the [the Town].

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the [the Town of Lewis].

Respondent:		
Date:	 	
Signature:		
Printed name:		
Address:		
Telephone:		

# **APPENDIX C: CERTIFICATE OF AUTHORITY**

## CERTIFICATE OF AUTHORITY

certify that I am th			e
	(Title)		(Name of Contractor)
		acorporation,	, duly organized and in good standing under the
(	(Law under which or	ganized, e.g., the Ne	ew York Business Corporation Law)
named in the foreg	going agreement; tha	ıt	
		(Perso	on executing proposal documents)
who signed said a	greement on behalf o	of the Contractor was	s, at the time of execution,
		of the Contrac	ctor; that said agreement was duly signed for
(Title of su	ich person)		
and in behalf of sa	id Contractor by aut	equity of its Doord of	
		IOFILV OF ILS BOARD OF	f Directors, thereunto duly authorized, and that
	·		f Directors, thereunto duly authorized, and that
	n full force and effec		f Directors, thereunto duly authorized, and that
	n full force and effec		f Directors, thereunto duly authorized, and that
	·		f Directors, thereunto duly authorized, and that — Corporate Seal
such authority is in	n full force and effec Signature YORK ) SS.:		_
such authority is in	n full force and effec Signature YORK ) SS.:		_
such authority is in STATE OF NEW COUNTY OF ESS	n full force and effec Signature YORK ) SS.: SEX )	et at the date hereof.	Corporate Seal
such authority is in STATE OF NEW COUNTY OF ESS On this	n full force and effec Signature YORK ) SS.: SEX ) day of	et at the date hereof.	Corporate Seal
such authority is in STATE OF NEW COUNTY OF ESS On this	n full force and effec Signature YORK ) SS.: SEX ) day oftome ki	et at the date hereof.	Corporate Seal
such authority is in STATE OF NEW COUNTY OF ESS On this (Title) of	n full force and effec Signature YORK ) SS.: SEX ) day of tome ki	t at the date hereof.	Corporate Seal , before me personally came o me to be the the corporation described i
such authority is in STATE OF NEW COUNTY OF ESS On this (Title) of and which execute	n full force and effec Signature YORK ) SS.: SEX ) day of tome ki d the above certificat	t at the date hereof. 2020 nown, and known to te, who being by me	Corporate Seal
such authority is in STATE OF NEW COUNTY OF ESS On this (Title) of and which execute	n full force and effec Signature YORK ) SS.: SEX ) day of tome ki d the above certificat resides	202 nown, and known to te, who being by me at	Corporate Seal Corporate Seal before me personally came before me personally came be the before me personally came before
such authority is in STATE OF NEW COUNTY OF ESS On this (Title) of and which execute	n full force and effec Signature YORK ) SS.: SEX ) day of tome ki d the above certificat resides = of said c	2020 nown, and known to te, who being by me at corporation and know	Corporate Seal

# **APPENDIX D: W-9 FORM To be supplied by Respondent**

# **APPENDIX E: NON-COLLUSION AFFIDAVIT**

#### **NON-COLLUSIVE BIDDING CERTIFICATION**

I. By submission of this bid, the undersigned bidder and each person signing on behalf of such bidder certifies and in the case of a joint bid each party thereto certifies as to its own organization - UNDER PENALTY OF PERJURY, that to the best of the undersigned's knowledge and belief:

(a) The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;

(b) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor; and

(c) No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

2. The undersigned acknowledges and agrees that a bid shall not be considered for award nor shall any award be made where any of the above have not been complied with; provided however, that if in any case the bidder cannot make the foregoing certification, the bidder shall so state and shall furnish with the bid a signed statement which sets forth in detail the reasons therefor. Where one or more of the above has/have not been complied with, the bid shall not be considered for award nor shall any award be made unless the political subdivision, public department, agency or official thereof to which the bid is made, or his designee, determines that such disclosure was not made for the purpose of restricting competition.

3. The undersigned also acknowledges and agrees that the fact that a bidder (a) has published price lists, rates, or tariffs covering items being procured, (b) has informed prospective customers of proposed or pending publication of new or revised price lists for such items, or (c) has sold the same items to other customers at the same prices being bid, does not constitute, without more, a disclosure within the meaning of paragraph 1 above.

4. The undersigned further acknowledges and agrees that any bid hereafter made to any political subdivision of the state or any public department, agency or official thereof by a bidder which is a corporation or a limited liability company for work or services performed or to be performed or goods sold or to be sold, where competitive bidding is required by statute, rule, regulation, or local law, and where such bid contains the certification referred to in paragraph 1 of this certificate, shall be deemed to have been authorized by the board of directors of the bidder, and such authorization \_shall be deemed to include the signing and submission of the bid and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation or limited liability company.

	Name of Bidder:		
		(print full legal name)	
Date Signed:	Signature:		
	Name of Person Signing Certificate:	(print full legal name of signer)	
Bidder is (check one): □ an individual, □ a limited liability partnership,□ a limited liability company □ other entity (specify):			

# **APPENDIX F: NYS ANTI-SEXUAL HARASSMENT REQUIREMENTS**

# Sexual Harassment Prevention EMPLOYER TOOLKIT



# Introduction

New York State is a national leader in the fight against sexual harassment and is partnering with employers across the state to further our commitment to ending sexual harassment in the workplace.

This toolkit will provide you step-by-step guidance to implementing the required training and sexual harassment policy, directing you to resources available through New York State and the relevant state agencies.

These resources are all available on the State's Combating Sexual Harassment in the Workplace website: www.ny.gov/programs/combating-sexual-harassment-workplace.

# What are the New Requirements?

The 2019 New York State Budget includes the nation's strongest and most comprehensive sexual harassment package, including new resources and requirements for employers. There are two key components under this law:

## Policy (see pages 2-4)

Under the new law, every employer in New York State is **required to establish a sexual harassment prevention policy**. The Department of Labor in consultation with the Division of Human Rights has established a model sexual harassment prevention policy for employers to adopt, available at www.ny.gov/programs/combating-sexual-harassment-workplace. Or, employers may adopt a similar policy that meets or exceeds the minimum standards of the model policy (www.ny.gov/combating-sexual-harassment-workplace/employers#model-sexual-harassment-policy).

## Training (see pages 5-6)

In addition, every employer in New York State is **required to provide employees with sexual harassment prevention training**. The Department of Labor in consultation with the Division of Human Rights has established this model training for employers to use. Or, employers may use a training program that meets or exceeds the minimum standards of the model training (www.ny.gov/combating-sexual-harassment-workplace/employers#training-requirements).

# **Policy: Implementation**

All employers must adopt and provide a sexual harassment prevention policy to all employees by **October 9, 2018**.

## If you want to adopt the State Model Policy:

- The State Model Policy contains fields for you to list your business name and the name/contact information for the individual(s) you have designated to receive sexual harassment complaints. Fill in those fields and apply whatever branding (e.g., logos, etc.) you like. You may choose to modify the policy to reflect the work of your organization and industry specific scenarios or best practices.
- Distribute the policy to all employees in writing or electronically. Employers are also encouraged to have employees acknowledge receipt of the policy, and to post a copy of the policy where employees can easily access it.

### If you already have a policy and do NOT want to adopt the State Model Policy:

- Use the checklist on the next page to ensure your policy meets or exceeds the required minimum standards.
- If it already meets those standards, ensure it already has been or will be distributed to employees by October 9, 2018. All future new employees should receive the policy before commencing work.
- Ensure your complaint form and process are up to date and that employees are made aware of it as part of the policy.
- If you do not have a complaint form, a model is available online: <u>www.ny.gov/combating-</u> <u>sexual-harassment-workplace/employers#model-complaint-form</u>
- Review the online FAQs, which outline numerous common questions that may arise: <u>www.ny.gov/combating-sexual-harassment-workplace/combating-sexual-harassment-frequently-asked-questions</u>
- Distribute a copy of your finalized policy to all employees in writing. This may be done
  electronically, for example, by email. Employers are also encouraged to have employees
  acknowledge receipt of the policy, and to post a copy of the policy where employees can easily
  access it.
- You are also encouraged to provide the policy and training to anyone providing services in the workplace.

## If you do NOT yet have a policy:

- Download the model policy, available online: <u>www.ny.gov/combating-sexual-harassment-</u> workplace/employers#model-sexual-harassment-policy
- Customize the document by filling in the employer name, person or office designated to receive complaints and appropriate contact information, as highlighted throughout.
- You may choose to modify the policy to reflect the work of your organization and industry specific scenarios or best practices.
- Review the online FAQs, which outline numerous common questions that may arise: <u>www.ny.gov/combating-sexual-harassment-workplace/combating-sexual-harassment-frequently-asked-questions</u>
- Distribute a copy of your finalized policy to all employees in writing. This may be done electronically, for example, by email. Employers are also encouraged to have employees acknowledge receipt of the policy, and to post a copy of the policy where employees can easily access it.
- You are also encouraged to provide the policy and training to anyone providing services in the workplace.

# **Policy: Minimum Standards Checklist**

An employer that does not use the State model policy -- developed by the State Department of Labor and State Division of Human Rights -- must ensure their policy meets or exceeds the following minimum standards.

The policy must:

- Prohibit sexual harassment consistent with guidance issued by the Department of Labor in consultation with the Division of Human Rights;
- □ Provide examples of prohibited conduct;
- Include information concerning the federal and state statutory provisions concerning sexual harassment, remedies available to victims of sexual harassment, and a statement that there may be applicable local laws;
- $\Box$  Include a complaint form;
- □ Include a procedure for the timely and confidential investigation of complaints that ensures due process for all parties;
- □ Inform employees of their rights of redress and all available forums for adjudicating sexual harassment complaints administratively and judicially;
- □ Clearly state that sexual harassment is considered a form of employee misconduct and that sanctions will be enforced against individuals engaging in sexual harassment and against supervisory and managerial personnel who knowingly allow such behavior to continue; and
- □ Clearly state that retaliation against individuals who complain of sexual harassment or who testify or assist in any investigation or proceeding involving sexual harassment is unlawful.

# **Training: Instructions for Employers**

All employers are required to train current employees by October 9, 2019. New employees should be trained as quickly as possible. In addition, all employees must complete sexual harassment prevention training at least once per year. This may be based on calendar year, anniversary of each employee's start date or any other date the employer chooses.

## If you already have a training:

- Use the checklist on the next page to ensure your training meets or exceeds the required minimum standards.
- If your existing training does not, it should be updated to include all the listed elements. You may also provide supplemental training to employers who have already completed the training to ensure they have received training that meets or exceeds the minimum standards.
- Review the online FAQs, which outline numerous common questions that may arise: <u>www.ny.gov/combating-sexual-harassment-workplace/combating-sexual-harassment-frequently-asked-questions</u>

## If you do NOT yet have a training:

- Download the model training, available online: <u>www.ny.gov/combating-sexual-harassment-</u> workplace/employers#training-requirements.
  - You may execute this training in a variety of ways, including live in person, via webinar or on an individual basis, with feedback as outlined in the training guidance document.
  - Depending on how you choose to present your training, you may utilize different available resources. For example, if you do a live presentation, you should download the PowerPoint and read the script that appears in the "Notes" of each slide.
  - If you choose to train employees with the video, you may direct them to watch it online or download it and show to a group, after which you would provide them a mechanism for feedback, as outlined in the training guidance document.
- Customize the training document(s) and modify them to reflect the work of your organization, including industry specific scenarios or best practices.
- The training should detail any internal process employees are encouraged to use to complain and include the contact information for the specific name(s) and office(s) with which employees alleging harassment should file their complaints.
- You may wish to include additional interactive activities as part of the training, including an opening activity, role playing or group discussion(s).
- Review the online FAQs, which outline numerous common questions that may arise: <u>www.ny.gov/combating-sexual-harassment-workplace/combating-sexual-harassment-frequently-asked-questions</u>

# **Training: Minimum Standards Checklist**

An employer that does not use this model training -- developed by the State Department of Labor and State Division of Human Rights -- must ensure their training meets or exceeds the following minimum standards.

The training must:

- Be interactive (see the model training guidance document for specific recommendations);
- □ Include an explanation of sexual harassment consistent with guidance issued by the Department of Labor in consultation with the Division of Human Rights;
- □ Include examples of unlawful sexual harassment;
- □ Include information concerning the federal and state statutory provisions concerning sexual harassment and remedies available to targets of sexual harassment;
- □ Include information concerning employees' rights of redress and all available forums for adjudicating complaints; and
- □ Include information addressing conduct by supervisors and additional responsibilities for supervisors.